CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

95 APR 14 AM 9:20

DOCUMENT # N93000002992 (6)

1. Corporation Name

HERONVIEW OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257	ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3192515 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 PO Box 551525	26 Po Box 551525
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, FL
24 Zip: 32255 25 Country: USA	29 Zip: 32255 30 Country: USA

9. Name and Address of Current Registered Agent

SMITH, V H JR
ONE SAN JOSE PLACE
SUITE 7
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name: David Westberry
82 Street Address (P.O. Box Number is Not Acceptable): 5388 Heronview Ct
83
84 City: Jacksonville FL 85 Zip Code: 32257

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David M. Westberry DAVID M. WESTBERRY 4/10/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for action coming) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, V H JR	12 NAME	David Westberry	
STREET ADDRESS	2767 FOREST CIRCLE	13 STREET ADDRESS	5388 Heronview Ct	
CITY-ST-ZIP	JACKSONVILLE FL 32257	14 CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	VD	21 TITLE	TD	☒ Change ☐ Addition
NAME	DUNGEY, MARY LOUISE	22 NAME	Deborah McGillen	
STREET ADDRESS	2200 HAMMOCK OAKS DRIVE	23 STREET ADDRESS	5332 Grey Heron Ln	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	STD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SOUTHWELL, M. JANE	32 NAME	Gwyndolyn Wisner	
STREET ADDRESS	11114 ZEPHYR WAY	33 STREET ADDRESS	5373 Heronview Dr	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville FL 32257	
TITLE		41 TITLE	~~Judith E.~~ SD	☐ Change ☒ Addition
NAME		42 NAME	Judith Ellis	
STREET ADDRESS		43 STREET ADDRESS	5304 Rookery Ct	
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville FL 32257	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M. Westberry DAVID M. WESTBERRY 4/10/95 262-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001773